

PCMH Payer Subcommittee Meeting
July 10, 2014

Attendees

Dr. Monica Berner, Blue Cross Blue Shield of Montana

Dr. Jonathan Griffin, Chair, St. Peter's Hospital

Mary Noel, Medicaid

Jo Thompson, Medicaid

Dr. Jonathan Weisul, Allegiance

CSI Staff

Christina Goe

Amanda Eby

CSI discussed with the subcommittee that the goal should be for the standards to allow for flexibility for payers but still resemble the core principles of the Montana PCMH program, as defined by statute. The rule could make suggestions for approved options for paying PCMHs with the door open for other options not listed, as approved by the commissioner. There was some discussion on utilization measures but the group decided that more discussion was needed on the current draft standards and they are enough to consider currently for rule; utilization measures will be addressed later. Below are points of discussion that were raised on each standard in blue font.

DRAFT OUTLINE OF PAYER STANDARDS RULES FOR DISCUSSION PURPOSES ONLY

1. Participation in the PCMH program is voluntary. Payers who wish to participate in the PCMH program would submit a letter of intent describing their plan to proceed. This plan can be changed—the main purpose is to keep the MT PCMH program informed.
2. Several possible types of payment to PCMH providers would be listed in the rule. We will discuss what those payment methods should be with stakeholders. Payers would identify which of those payment methods they intend to use. Payers can “phase in” payment methods—start out with one type only and phase in others. Payment methods will be flexible enough to allow for innovation, such as an “other” category, such as “other compensation that promotes enhanced access to primary care.” **The list of possible types of payment should reference back to what Montana PCMH is defined as in the law. Suggestions for what could go in this list are encouraged to be submitted to Christina.**

3. The purpose of the rule would be transparency regarding payer participation and consistency regarding how they treat PCMH medical providers. However, consistency would not restrict payers from setting up classifications of providers that may receive additional or different reimbursement. **There was discussion about amounts of payment varying among practices/providers. The language needs to accommodate payer concerns about sharing information on payer contracts that qualifies as a trade secret.**
4. Quality metrics reporting standards required by payers would ~~have line up align~~ with, but are not limited in number to, the quality metrics reporting requirements specified in the rule.